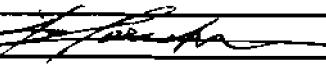


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	10/623,178-Conf. #2675
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Filing Date	July 18, 2003
TOTAL AMOUNT OF PAYMENT (\$) 790.00		First Named Inventor	Yoshihiro Mori
		Examiner Name	L. R. Deak
		Art Unit	3761
		Attorney Docket No.	09496/000M861-US0

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input type="checkbox"/> Deposit Account Deposit Account Number <u>04-0100</u> Deposit Account Name <u>Darby & Darby P.C.</u>							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
	Utility	300	150	500	250	200	100	_____
	Design	200	100	100	50	130	65	_____
	Plant	200	100	300	150	160	80	_____
	Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues) <u>Fee (\$)</u> <u>Fee (\$)</u> 50 25								
Each independent claim over 3 (including Reissues) <u>Fee (\$)</u> <u>Fee (\$)</u> 200 100								
Multiple dependent claims <u>Fee (\$)</u> <u>Fee (\$)</u> 360 180								
Total Claims <u>Fee (\$)</u> Extra Claims <u>Fee (\$)</u> Fee Paid (\$) <u>Fee (\$)</u>				Multiple Dependent Claims Fee (\$) Fee Paid (\$)				
19 -20= <u>Fee (\$)</u> x <u>Fee (\$)</u> = <u>Fee (\$)</u>				_____				
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims <u>Fee (\$)</u> Extra Claims <u>Fee (\$)</u> Fee Paid (\$) <u>Fee (\$)</u>				_____				
3 - 3= <u>Fee (\$)</u> x <u>Fee (\$)</u> = <u>Fee (\$)</u>				_____				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets <u>Fee (\$)</u> Extra Sheets <u>Fee (\$)</u> Number of each additional 50 or fraction thereof <u>Fee (\$)</u> Fee Paid (\$) <u>Fee (\$)</u>								
- 100 = <u>Fee (\$)</u> /50 <u>Fee (\$)</u> (round up to a whole number) x <u>Fee (\$)</u> = <u>Fee (\$)</u>								
4. OTHER FEE(S)								
Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): <u>1801 Request for continued examination (RCE) (see 37 ...</u> <u>Fee (\$)</u> <u>790.00</u>								

SUBMITTED BY	
Signature	_____ 
Name (Print/Type)	Hiroyuki Yasuda
Registration No. (Attorney/Agent)	55,751
Telephone	(212) 527-7685
Date	November 1, 2006